

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) New Prosperity Foundation; The | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div> | |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | |
|--|-------------|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee XPS Professional Services | | | Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 06 / 2012</div> | |
| Mailing Address 220 E Adams St Suite 200 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60015.00</div> | |
| City Springfield | State IL | Zip Code 62701 | Transaction ID : SE.4659 | |
| Purpose of Expenditure Advertising - TV | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">128208.73</div> | | | 2012 <input type="checkbox"/> Other (specify) | |

| | | | | |
|---|-------------|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee XPS Professional Services | | | Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 06 / 2012</div> | |
| Mailing Address 220 E Adams St Suite 200 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60005.00</div> | |
| City Springfield | State IL | Zip Code 62701 | Transaction ID : SE.4660 | |
| Purpose of Expenditure Advertising - TV | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">70535.00</div> | | | 2012 <input type="checkbox"/> Other (specify) | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;">120020.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Signature _____ Date MM / DD / YYYY

08 / 08 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

FEC IDENTIFICATION NUMBER ▼

C

C00488494

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

XPS Professional Services

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 220 E Adams St

Suite 200

City

Springfield

State

IL

Zip Code

62701

Amount

60000.00

Transaction ID : SE.4661

Purpose of Expenditure
Advertising - TVCategory/
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

G. WILLIAM (BILL) FOSTER

Calendar Year-To-Date Per Election
for Office Sought

70520.00

Disbursement For: ☐ Primary☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

XPS Professional Services

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 220 E Adams St

Suite 200

City

Springfield

State

IL

Zip Code

62701

Amount

60524.00

Transaction ID : SE.4662

Purpose of Expenditure
Advertising - TVCategory/
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 13

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

DAVID MICHAEL GILL

Calendar Year-To-Date Per Election
for Office Sought

60524.00

Disbursement For: ☐ Primary☒

General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

120524.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

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Gregory Baise

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

FEC IDENTIFICATION NUMBER ▼

C C00488494

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

XPS Professional Services

Date

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Mailing Address 220 E Adams St

Suite 200

Amount

60500.00

City

Springfield

State

IL

Zip Code

62701

Transaction ID : SE.4665

Purpose of Expenditure
Advertising - TVCategory/
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 17

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

CHERI BUSTOS

Calendar Year-To-Date Per Election
for Office Sought

60500.00

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐

House

State:

☐

Senate

District:

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

60500.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

301044.00

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Gregory Baise

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
08 / 08 / 2012

Signature